

## **Alzheimer's Assisted Living Waiver Provider Application**

*\*\*This is a request to be screened as provider for the Alzheimer's Assisted Living Waiver. Submission of this request form does not guarantee acceptance as a provider for the waiver. Fill the request form, print, sign, include all required attachments, and mail to the address below.*

### **Provider Information:**

Name of facility: \_\_\_\_\_

API#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact name/ Administrator: \_\_\_\_\_

Owner of facility: \_\_\_\_\_

Management Company (if any): \_\_\_\_\_

### **Application Certification:**

I hereby certify that the above application and any attachments is a true and accurate representation of \_\_\_\_\_ current condition and legal status.

Name of facility

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

***\*\*Please return this completed form and all attachments to:***

**DMAS**

Alzheimer's Waiver

Division of Long Term Care

Fax: (804) 452-5456 or (804) 452-5468

**The following information must be attached for your application to be considered complete:**

Verification of other regulatory compliance: (copies of current certificates must be submitted)

- ☐ Has a valid license with VDSS for operating an assisted living facility “safe and secure” unit.
  - ☐ Meets all VDSS safe and secure guidelines
  - ☐ Restaurant certification for kitchen
  - ☐ Fire Marshall
- ☐ All staff have passed the criminal record check
- ☐ All staff has the correct credentials and staff training, (per VDSS safe and secure license)

Physical Plant:

- ☐ Secure alarm system to building or unit
- ☐ Bedrooms provided have no more than 2 residents per room
- ☐ Windows cannot be used as exit by residents
- ☐ There is a secure outside area available to residents
- ☐ There is an interior walking area
- ☐ General interior is free of any items that may place resident at risk

Policies and Procedures: (policies must be submitted for review)

- ☐ All staff meet education and skill criteria
  - ☐ Administrator
  - ☐ Registered Nurse
  - ☐ Licensed Practical Nurse
  - ☐ Unit Coordinator
  - ☐ Activities staff
- ☐ Staff Training provided by professional with expertise in dementia
- ☐ One months staff schedule for the facility
- ☐ On call staff expectation that staff will arrive at work within 1 hour of being called
- ☐ Activities will be developed coordinated and implemented by activities staff. (MINIMUM OF 16 hours of group) (One months sample Activity Schedule)
- ☐ All assessments and plans of care
- ☐ Initial and ongoing staff training
- ☐ Emergency plans for resident behavior problems
- ☐ Review staff schedule for compliance for awake staff coverage
- ☐ Guidelines for admission to the safe & secure unit.
- ☐ All the residents meet the criteria of the Alzheimer’s waiver

Forms: (sample forms must be submitted for review)

- ☐ Family & Administrator approval of placement form
- ☐ Admission physical
- ☐ Admissions assessment
- ☐ Monthly summary
- ☐ Resident plan of care / ISP (annual and quarterly)
- ☐ Licensed Health Care Professional log
- ☐ Daily Census Log
- ☐ Licensed clinical psychologist or licensed physician statement documenting the recipient having a diagnosis of Alzheimer’s disease or a related Dementia (statement must include all 6 of the following elements: Cognitive impairments, Personal care techniques, Behavior Management, Communication Skills, Activity planning, Safety considerations)
- ☐ Documentation that the recipient does not have one of the prohibiting conditions as outlined in the DSS regulations.
- ☐ Documentation of recipients currently receiving an Auxiliary Grant from DSS
- ☐ UAI to document meeting nursing facility criteria